

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 JUN 10 PM 1:54

FILED

FRANKLIN COUNTY
ELECTIONS

Full Name of Committee Friends For Porter Committee						Registration Number, if PAC					
Full Name of Candidate Jeffrey D. Porter											
Street Address 2528 Bloxom St						Office Sought Fr. Cty. Muni. Ct Judge			District		
City Grove City						State O H		Zip Code 43123			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General		Annual Year	
	July			August		September		Termination		Semiannual	
	Monthly			Monthly		Monthly					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M 1	D 1	Y 0 8 0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	3,233.13
2. Total monetary contributions (From Form No. 31-A)	\$	1,485.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,718.13
5. Total monetary expenditures (From Form No. 31-B)	\$	2,774.00
6. Balance on hand (line 4 minus line 5)	\$	1,944.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	475.79
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laurel Beatty, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Laurel Beatty
Signature

06/10/05
Date

Contribution
pages 2

Expenditure
pages 2

Other
pages 2

Total
pages 6

Statement of Contributions Received

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Name of Committee in Full Friends For Porter Committee									
Full Name of Contributor John Lowe IV						Registration Number, if PAC			
Street Address 362 Piedmont Rd			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43214	M 0	D 4	Y 2	Amount 200.00		
Full Name of Contributor Lawrence F Feheley						Registration Number, if PAC			
Street Address 843 Old Woods Rd			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City West Worthington	State O	H H	Zip Code 43235	M 0	D 4	Y 2	Amount 50.00		
Full Name of Contributor Richard Pettit						Registration Number, if PAC			
Street Address 874 Mohawk			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 4	Y 2	Amount 500.00		
Full Name of Contributor Andrew W Whapman						Registration Number, if PAC			
Street Address 2391 Lyncross St			Employer/Occupation/Labor Organization* LW Associates				Form (Cash, Check, etc.) check		
City Grove City	State O	H H	Zip Code 43123	M 0	D 5	Y 0	Amount 50.00		
Full Name of Contributor Kathy Owens						Registration Number, if PAC			
Street Address 2550 Tucker Trail			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) check		
City Lewis Center	State O	H H	Zip Code 43035	M 0	D 5	Y 1	Amount 100.00		
Full Name of Contributor Friends For Thomas						Registration Number, if PAC			
Street Address 41 S High St Ste 2600			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 2	Amount 250.00		
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC			
Street Address 			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) 		
City 	State 	H 	Zip Code 	M 	D 	Y 	Amount 335.00		
Full Name of Contributor 						Registration Number, if PAC			
Street Address 			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) 		
City 	State 	H 	Zip Code 	M 	D 	Y 	Amount 		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,485.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends For Porter Committee												
To Whom Paid Buckeye Printing & Mailing						M	D	Y	Amount			
						0	5	1	3	0	5	750.00
Address 217 N. Grant Ave.				Purpose Combined Campaign Palm Cards								
City Columbus		State O H		Zip Code 43215		Check Number 105						
To Whom Paid Patio Printing						M	D	Y	Amount			
						0	4	2	8	0	5	610.00
Address 6663 Huntley Rd.				Purpose Palm Cards								
City Columbus		State O H		Zip Code 43229		Check Number 104						
To Whom Paid Watts Group, LLC						M	D	Y	Amount			
						0	5	1	6	0	5	1,250.00
Address 950 Carroll Eastern Rd				Purpose Campaign Management								
City Baltimore		State O H		Zip Code 43105		Check Number 106						
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
						0	6	0	2	0	5	164.00
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter Committee					
Full Name of Contributor Steve O. Campbell				Registration Number, if PAC	
Street Address 250 East Stewart Ave Apt D	Employer/Occupation/Labor Organization* Self-employed		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43206	Amount 35.00	Form(Cash,Check,etc) check	
Full Name of Contributor Thomas C. Tootle				Registration Number, if PAC	
Street Address 5971 Hildenboro Dr	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 2
City Dublin	State O	Zip Code 43017	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor James P Connors				Registration Number, if PAC	
Street Address 221 S High St	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor John Ernest				Registration Number, if PAC	
Street Address 1169 Katy Meadow Court	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 2
City Fairborn	State O	Zip Code 45324	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor SYNC Consulting Group LTD				Registration Number, if PAC	
Street Address 1138 Cleveland Ave	Employer/Occupation/Labor Organization* LTD		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43201	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Chris Corso				Registration Number, if PAC	
Street Address 87 W Main St	Employer/Occupation/Labor Organization* Self Employed		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

235.00

Total expenditures this event

Page Total \$ **335.00**

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends For Porter Committee									
To Whom Paid Camelot Cellars						M 0	D 6	Y 0	Amount 164.00
Address 958 North High St			Purpose Columbus						
City Columbus			State O	H H	Zip Code 43201	Check Number 107			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter Committee			
Full Name of Contributor Christie Angel	Employer, Occupation, Labor Organization * SBC	Registration Number, if PAC	
Street Address 600 S. Grant	Description of Item or Service event deposit	M D Y 0 6 0 2 0 5	Fair Market Value 164.00
City Columbus	State Zip Code OH 43206	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Diane Lazor	Employer, Occupation, Labor Organization * Kegler Brown	Registration Number, if PAC	
Street Address 65 E State St	Description of Item or Service Banner	M D Y 0 4 2 7 0 5	Fair Market Value 57.00
City Columbus	State Zip Code OH 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Chris Pettit	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC	
Street Address 66 Walcreek Drive West	Description of Item or Service Food & Beverage	M D Y 0 4 2 1 0 5	Fair Market Value 254.79
City Gahanna	State Zip Code OH 43230	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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